



Medical Plan Offerings–Aetna 2026*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.trinet.com).

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Plan Offerings

Plan Highlights	Aetna EPO 1000	Aetna EPO 2000	AETNA HDHP 4000	AETNA HDHP 4000 Out-of-Area	Aetna HDHP 4000 Tri-State	Aetna HDHP 6150 Tri-State
Network Name	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Open Choice PPO	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	\$1,000 / Not Covered	\$2,000 / Not Covered	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$7,000	\$6,150 / \$10,000
Family (In-Network/OON)	\$2,000 / Not Covered	\$4,000 / Not Covered	\$8,000 / \$16,000	\$8,000 / \$16,000	\$8,000 / \$14,000	\$12,300 / \$20,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$5,000 / Not Covered	\$6,500 / Not Covered	\$6,850 / \$14,000	\$6,850 / \$14,000	\$6,000 / \$13,000	\$6,550 / \$15,000
Family (In-Network/OON)	\$10,000 / Not Covered	\$13,000 / Not Covered	\$13,700 / \$28,000	\$13,700 / \$28,000	\$12,000 / \$26,000	\$13,100 / \$30,000
Coinsurance (In-Network/OON)	30% / Not Covered	30% / Not Covered	20% / 50%	20% / 50%	10% / 40%	0% / 30%
Primary / Specialist	\$30 / \$60	\$35 / \$70	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded
Lab & X-Ray	30% after ded	30% after ded	20% after ded	20% after ded	10% after ded	0% after ded
Urgent Care Visit	\$85	\$85	20% after ded	20% after ded	10% after ded	0% after ded
Emergency Room Visit	\$350	\$350	20% after ded	20% after ded	10% after ded	0% after ded
Hospital Outpatient (Facility / Surgery)	30% after ded / 30% after ded	30% after ded / 30% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded
Hospital Inpatient	30% after ded	30% after ded	20% after ded	20% after ded	10% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/med	Integrated w/med	Integrated w/med	Integrated w/Med
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$45 / \$70	\$10 / \$45 / \$70	\$10 after ded / \$45 after ded / \$70 after ded	\$10 after ded / \$45 after ded / \$70 after ded	\$10 after ded / \$55 after ded / \$100 after ded	\$10 after ded / \$55 after ded / \$100 after ded

Plan Offerings

Plan Highlights	AETNA Indemnity 1000 NTL	Aetna POS 30 Tri-State	AETNA PPO 1000	Aetna PPO 1000 Tri-State	Aetna PPO 2000 Tri-State	AETNA PPO 300
Network Name	Not applicable	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	\$1,000 / \$1,000	\$0 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$2,000 / \$5,000	\$300 / \$1,200
Family (In-Network/OON)	\$2,000 / \$2,000	\$0 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$4,000 / \$10,000	\$600 / \$2,400
Out-of-Pocket Max						
Single (In-Network/OON)	\$4,500 / \$4,500	\$5,000 / \$9,000	\$4,500 / \$9,000	\$7,000 / \$12,000	\$7,000 / \$15,000	\$3,000 / \$6,000
Family (In-Network/OON)	\$9,000 / \$9,000	\$10,000 / \$18,000	\$9,000 / \$18,000	\$14,000 / \$24,000	\$14,000 / \$30,000	\$6,000 / \$12,000
Coinsurance (In-Network/OON)	20% / 20%	0% / 30%	20% / 50%	20% / 30%-50%	20% / 30%-50%	10% / 50%
Primary / Specialist	20% after ded / 20% after ded	\$30 / \$50	\$25 / \$50	\$25 / \$50	\$30 / \$60	\$20 / \$40
Lab & X-Ray	20% after ded	0%	20% after ded	20% after ded	20% after ded	10% after ded
Urgent Care Visit	20% after ded	\$75	\$85	\$75	\$75	\$85
Emergency Room Visit	20% after ded	\$400	\$350	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	\$75 / 0%	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded
Hospital Inpatient	20% after ded	\$500/day; days 1-3	20% after ded	20% after ded	20% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$45 / \$70	\$10 / \$55 / \$100	\$10 / \$45 / \$70	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$45 / \$70

Plan Offerings

Plan Highlights	AETNA PPO 3000	AETNA PPO 5000	AETNA PPO 7150	AETNA PPO 750	Aetna PPO 750 Tri-State	AETNA PPO Choice 1000
Network Name	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Open Choice PPO
Deductible						
Single (In-Network/OON)	\$3,000 / \$7,500	\$5,000 / \$10,000	\$7,150 / \$14,000	\$750 / \$2,250	\$750 / \$3,000	\$1,000 / \$3,000
Family (In-Network/OON)	\$6,000 / \$15,000	\$10,000 / \$20,000	\$14,300 / \$28,000	\$1,500 / \$4,500	\$1,500 / \$6,000	\$2,000 / \$6,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$5,500 / \$10,000	\$7,600 / \$20,000	\$7,600 / \$21,000	\$4,000 / \$8,000	\$6,500 / \$12,000	\$4,500 / \$9,000
Family (In-Network/OON)	\$11,000 / \$20,000	\$15,200 / \$40,000	\$15,200 / \$42,000	\$8,000 / \$16,000	\$13,000 / \$24,000	\$9,000 / \$18,000
Coinsurance (In-Network/OON)	0% / 50%	30% / 50%	0% / 50%	10% / 50%	10% / 30%-40%	20% / 50%
Primary / Specialist	\$30 / \$60	\$40 / \$80	\$40 / 0% after ded	\$25 / \$50	\$20 / \$40	\$25 / \$50
Lab & X-Ray	0% after ded	30% after ded	0% after ded	10% after ded	10% after ded	20% after ded
Urgent Care Visit	\$85	\$85	0% after ded	\$85	\$75	\$85
Emergency Room Visit	\$350	\$500	0% after ded	\$350	\$350	\$350
Hospital Outpatient (Facility / Surgery)	\$200 after ded / 0% after ded	30% after ded / 30% after ded	0% after ded / 0% after ded	10% after ded / 10% after ded	10% after ded / 10% after ded	20% after ded / 20% after ded
Hospital Inpatient	\$600 after ded	30% after ded	0% after ded	10% after ded	10% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$45 / \$70	\$15 / \$55 / \$90	\$15 / \$55 / \$90	\$10 / \$45 / \$70	\$10 / \$55 / \$100	\$10 / \$45 / \$70